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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		<b>Attorney Docket No.</b> <b>PC23198A</b>	
		<b>First Inventor</b> <b>Mark S Carruthers</b>	
		<b>Title</b> <b>Pharmaceutical Laser Drilling System</b>	
<small>(Only for new nonapplications under 37C.F.R. §1.53(b))</small>		<b>Express Mail Label No.</b>	

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> <b>Mail Stop</b> <b>Commissioner for Patents</b> <b>Box 1450</b> <b>Alexandria, VA 22313-1450</b>
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1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status <small>See 37 CFR 1.27</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages <span style="border: 1px solid black; padding: 0 10px;">17</span> ] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets <span style="border: 1px solid black; padding: 0 10px;">9</span> ] 5. <input type="checkbox"/> Oath or Declaration [Total pages <span style="border: 1px solid black; padding: 0 10px;">  </span> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6.. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies) ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies
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<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:	

18. If a <b>CONTINUING APPLICATION</b> , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.		
<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)
of prior application No: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span>		
Prior application information: Examiner <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> Group/Art Unit: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>		

For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

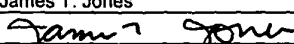
  

<b>18. CORRESPONDENCE ADDRESS</b>	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small>	<input type="checkbox"/> Correspondence address below
 28523	

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

NAME (Print/type)	James T. Jones	Registration No. (Attorney/Agent)	30,561
Signature		Date	JULY 23, 2003

17354 U.S. PTO  
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FEE TRANSMITTAL for FY 2003		Complete if Known																																																																																																																																																																																																					
<input type="checkbox"/> Applicant claims small status. See 37 CFR 1.27 <b>Total Amount of Payment</b> (\$) <b>750.00</b>		Application Number	To Be Assigned																																																																																																																																																																																																				
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<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <b>16-1445</b>  Deposit Account Name: <b>Pfizer Inc.</b>  The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>3. ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge-late filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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<b>SUBMITTED BY</b>		<b>Complete (if Applicable)</b>	
Name (Printed/Type)	James T. Jones	Reg. Number	30,561
Signature	<i>James T. Jones</i>	Telephone	860 441 4903
Date	JULY 23, 2003		

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